

ERNEST LENEAU

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2016 FEB -2 AM 10:00

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.C.D.O.C. COMM. JOSEPH PONTE;

warden k. collins; DEPUTY WARDEN
PROGRAMS; JOHN /JANE DOE; C.O. DEJESUS,
BADGE #11782

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

16CV 0776

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name ERNEST LENEAU
ID # ~~XXXXXX~~ !\$!!\$!##%&
Current Institution R.N.D.C.
Address 11-11 HAZEN STREET
EAST ELMHURST,

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name N.Y.C.D.O.C. JOSEPH PONTE, COMM. Shield #
Where Currently Employed RIKERS ISLAND
Address 75-20 ASTORIA BLVD.
EAST ELMHURST, N.Y. 11370

Defendant No. 2 Name WARDEN K. COLLINS Shield # _____
 Where Currently Employed R.N.D.C.
 Address 11_11 HAZEN STREET
EAST ELMHURST, N.Y. 11370

Defendant No. 3 Name DEPUTY WARDEN PROGRAMS JOHN/JANE DOE Shield # _____
 Where Currently Employed R.N.D.C.
 Address 11_11 HAZEN STREET
EAST ELMHURST, N.Y. 11370

Defendant No. 4 Name C.O. DEJESUS Shield # 11782
 Where Currently Employed R.N.D.C.
 Address EST ELMHURST, N.Y. 11370

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
R.N.D.C.

B. Where in the institution did the events giving rise to your claim(s) occur?
SOCIAL SERVICE, AND GRIEVANCE OFFICWE

C. What date and approximate time did the events giving rise to your claim(s) occur?
JANUARY 19, 2016 AT APPROXIMATELY 12:15 P.M.

D. Facts: ON JANUARY 19, 2016 PLAINTIFF ERNEST LENEAU, PRO SE WAS DISCRIMINATED AND INCARCERATEDLY RACIALLY PROFILED VIA EMPLOYMENT BY DEFENDANT C.O. DEJESUS #11782 IN THE SOCIAL SERVICE AREA WHERE HE WAS A MAINTENANCE WORKER, BUT BECAUSE HE WAS NOT OF LATINO DESCENT, THIS DEFENDANT OFTEN TIMES TREATED PLAINTIFF, PRO SE LIKE HE WAS A SLAVE BARKING OUT WORK ORDERS IN A DISCRIMINATORY MANNER, AT ONE POINT STATING "YOUNGERS AROUND HERE ARE LAZY, I DONOW NEED YOUR SERVICES ANYMORE", AND FIRED FOR THGE SOLE PURPOSE OF THE COLOR OF HIS SKIN. PLAINTIFF FILED A GRIEVANCE(SEE GRIEVANCE ATTACHED HERETO AS EXHIBIT"A"). PLAINTIFF IS DEVASTATED, BECAUSE HE NO LONGER WORKS, AND HAS TO SPEWND HIS FREE TIME DOING NOTHING BECAUSE HE LOST HIS JOB AS THE EXACT RESULT OF RACIAL INCACEWRATION EMPLOYMENT PROFILING. EVEN THE BLACK DISCHARGE PLANNER MR. WALKER, AND JANE DOE BLACK GRIEVANCE OFFICEWR THAT WORK AS CIVILIANS IN THE SAME AREA HAVE TESTIFIED TO PLAINTIFF AS KNOWING THAT DEFENDANT DEJESUS #11782 IS A RCIST, AND MADE RFEMARKS UNDER HER BREATH TOWARDS THEM AS NOT LIKING BLACK PEOPLE, AND THOSE ARE HER PEERS AND CO-WORKERS. THE DEFENDANTS N.Y.C. D.O.C. COMMISSIONER DEFENDANT JOSEPH PONTE, AND DEFENDANTS WARDEN K. COLLINS, AND DEPUTY WARDEN OF PROGRAMS DEFENDANT HAVE PERSONAL, AND MUNICIPAL LIABILITY WHEREAS THEY HAVE NOTR CREATED A DIERECTIVE,

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. PLAINTIFF HAS SUFFEREDEMOTIONAL STRESS, AND MENTAL ANGUISH, AS THE EXACT RESULT OF THE FIRING VIA DISCIMINATORY PRACTICES BY THE DEFENDANT C.O. DEJESUS #11782. NIGHTMARES, INSOMNIA, PARNOIA, FEZR OF WORKING INSIDE THE JAIL FOR SOMEONE OF HISPANIC DESCENT, CHRONIC MIGRAINE HEADACHES FEAR OF WSORKING. FEAR FOR HIS SAFETY.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes XX No

AND/OR POLICY DURING DEFENDANT'S JESUS #11782 TRAINING AND/OR TEACHING THAT WOULD ENCOURAGE, AND DETER THIS DEFENDANT FROM BEING DISCRIMINATORY AGAINST ANY HUMAN BEING AND/OR DETAINEE OF COLOR ALIKE THAT DOES NOT OPERATE OUTSIDE THE UNITED STATES CONSTITUTION OF AMERICA. IN DOING SO THIS DEFENDANT HAS BEEN AND DISPLAYED AN ACT OF DELIBERATE INDIFFERENCE TOWARDS PLAINTIFF, PRO SE, THAT EMANATES CRUEL AND UNUSUAL PUNISHMENT, THAT VIOLATE PLAINTIFF'S EIGHTH AMENDMENT AND FOURTEENTH AMENDMENT RIGHTS DENYING HIS DUE PROCESS RIGHTS TO BE ISSUED A INFRACTION AND/OR MIS BEHAVIOR REPORT THAT WOULD WARRANT HIS TERMINATION FROM SAID MAINTENANCE DUTIES AS A PORTER. THIS HAS CAUSED A GREAT HARDSHIP ON PLAINTIFF, BECAUSE NOW HE HAS TO RELY ON HIS FAMILY WHO ARE STRUGGLING ON THE OUTSIDE TO MAKE ENDS MEET TO SUPPORT HIM FINANCIALLY. RACISM IS A POISONOUS WEAPON TO USE AGAINST ANY PEOPLE OF COLOR, AND SHALL NOT BE OR WILL BE TOLERATED IN THE UNITED STATES OF AMERICA AGAIN, OR THIS COURT THAT UPHOLDS THE SCALE IN BALANCING JUSTICE. WHEREFORE ALL THE DEFENDANTS NAMED ARE LIABLE AND RESPONSIBLE FOR SAID HARDSHIP THAT THE PLAINTIFF, PRO SE ERNEST LENEAU HAS EXPERIENCED UNDER THE CARE CUSTODY, AND CONTROL OF ALL THE DEFENDANTS, SPECIFICALLY C.O. DEJESUS #11782.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). R.N.D.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes XX No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know XX STILL PENDING

If YES, which claim(s)? NOT APPLICABLE

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes XX No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes XX No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? MS. AGNES BAIK, PRISONER'S RIGHTS PROJECT

1. Which claim(s) in this complaint did you grieve? DISCRIMINATION

2. What was the result, if any? STILL PENDING INVESTIGATION.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. AWAITING HEARING TO APPEAL TO WARDEN, AND THE NEW YORK CITY DEPARTMENT OF CORRECTION COMMISSIONER DEFENDANT JOSEPH PONTE

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

NOT APPLICABLE

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: NOT APPLICABLE

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

AWAITING GRIEVANCE HEARING FOR APPEAL PURPOSES.
WHEN OPPORTUNITY EXIST WILL EXHAUST PER COURT REQUIREMENT.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). PLAINTIFF SEEKS PAIN AND SUFFERING DAMAGES
FROM EACH DEFENDANT IN THEIR INDIVIDUAL CAPACITY AND OFFICIAL CAPACITY
IN THE AMOUNT OF \$25,000.00 PLAINTIFF ALSO SAEKS EMOTIONAL STRESS,
AND MENTAL ANGUISH DAMAGES IN THE AMOUNT OF \$25,000.00 IN THE SAME
CAPACITY, AND FINALLY PLAINTIFF SEEKS \$25,000.00 IN PUNITIVE DAMAGES
FROM EACH DEFENDANT IN THEIR INDIVIDUAL AND OFFICIAL CAPACITY FOR A
SUBTOTAL OF \$300,000.00 PLAINTIFF ALSO SEEKS AN ORDER FOR THE
DEFENDANTS TO ADOPT DIRECTIVES AND POLICIES THAT DO NOT DISCRIMINATE
AGAINST DETAINEES AND INMATES ALIKE WHILE EMPLOYED IN THE R.N.D.C.
THAT NO REPRISALS ARE MADE AGAINST PLAINTIFF FROM THE EXACT RESULT
FROM THE FILING OF THIS COMPLAINT.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No XXX

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants NOT APPLICABLE

2. Court (if federal court, name the district; if state court, name the county) NOT APPLICABLE

3. Docket or Index number NOT APPLICABLE

4. Name of Judge assigned to your case NOT APPLICABLE

5. Approximate date of filing lawsuit NOT APPLICABLE

6. Is the case still pending? Yes No XX NOT APPLICABLE

If NO, give the approximate date of disposition NOT APPLICABLE

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NOT APPLICABLE

NOT APPLICABLE

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes No XX

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants NOT APPLICABLE

2. Court (if federal court, name the district; if state court, name the county) NOT APPLICABLE

3. Docket or Index number NOT APPLICABLE

4. Name of Judge assigned to your case NOT APPLICABLE

5. Approximate date of filing lawsuit NOT APPLICABLE

6. Is the case still pending? Yes No XX NOT APPLICABLE

If NO, give the approximate date of disposition NOT APPLICABLE

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NOT APPLICABLE

On
other
claims

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21ST day of JANUARY, 2016

Signature of Plaintiff

Inmate Number

1411413352

Institution Address

11-11 HAEN STREET|| R.N.D.C.

EAST ELMHURST|| N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21ST day of JANUARY, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:





City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Ernest Leneau</u>	Book & Case #: <u>1411413352</u>	NYSID # (optional):	
Facility: <u>RWDC</u>	Housing Area: <u>Cupper North</u>	Date of Incident: <u>1/19/16</u>	Date Submitted: <u>1/20/16</u>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: on 1/19/16 at 12:15 while going to work
Ms Dejesus came up to me and said I don't want you to
come here anymore. I walk out and she came to the
library to see if I was there. She made me feel disrespect
a lot of times. She is very discriminate against Black
men in the office. I should be treated fair not
because my skin is dark.

Action Requested by Inmate She need to be remove from Social Service
because she is racist. Her cruel and unusuql Punishment
inflicted on me and other people need to stop.
As President for the Inmates I will not stand for it.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
 Do you need the IGRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Inmate's Signature: Ernest Leneau

Date of Signature: 1/20/16


For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

USM
SDNY

U.S. POSTAGE
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11212
JAN 27, 16
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PRO SE INTAKE UNIT ROOM 200
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S COURTHOUSE- 500 PEARL ST.
NEW YORK|| N.Y. 10007

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SDNY PRO SE OFFICE
2016 FEB - 2 AM 10:00

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